

**EMPLOYEE/SUB CORRECTIONS**

SCHOOL \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE I.D. #

\_\_\_\_\_  
EMPLOYEE NAME

\_\_\_\_\_  
POSITION - - - Teacher/Custodian/Para, etc

\_\_\_\_\_  
1/2 day whole day

LEAVE TYPE      Excused      Not Excused  
Sick Leave Only (Send Dr. Excuse)

\_\_\_\_\_  
FUND #                      ACCOUNT #  
PROFESSIONAL LEAVE ONLY

\_\_\_\_\_  
DATES OF ABSENCE

\_\_\_\_\_  
\*           \*           \*           \*           \*           \*           \*           \*

\_\_\_\_\_  
SUB I.D. #

\_\_\_\_\_  
SUB NAME

COMMENTS; \_\_\_\_\_

\_\_\_\_\_  
\* PRINCIPAL SIGNATURE

**\* must have letter attached with original signature of principal indicating she is aware of these employee/sub changes.**

**EMPLOYEE/SUB CORRECTIONS**

SCHOOL \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE I.D. #

\_\_\_\_\_  
EMPLOYEE NAME

\_\_\_\_\_  
POSITION - - - Teacher/Custodian/Para, etc

\_\_\_\_\_  
1/2 day whole day

LEAVE TYPE      Excused      Not Excused  
Sick Leave Only (Send Dr. Excuse)

\_\_\_\_\_  
FUND #                      ACCOUNT #  
PROFESSIONAL LEAVE ONLY

\_\_\_\_\_  
DATES OF ABSENCE

\_\_\_\_\_  
\*           \*           \*           \*           \*           \*           \*           \*

\_\_\_\_\_  
SUB I.D. #

\_\_\_\_\_  
SUB NAME

COMMENTS; \_\_\_\_\_

\_\_\_\_\_  
\* PRINCIPAL SIGNATURE

**\* must have letter attached with original signature of principal indicating she is aware of these employee/sub changes.**